

NH MEDICAL CONTROL BOARD

**NH Fire Academy
Concord, NH**

MINUTES OF MEETING March 20, 2014

Members present: Tom D'Aprix – Chair; Kenneth Call, MD; Ray Kelley; Joseph Leahy; James Suozzi; David Hirsch; Jonathan Vacik .

Members absent: Thomas Trimarco; Jim Martin; Mathurin Malby; Douglas McVicar; Patrick Lanzetta; Frank Hubbel.

Guests: Steve Erickson; Mary Ellen Gourdeau, Aaron McIntire; Michael Pepin; Kevin Blinn; Stacy Meier; Eric Jaeger; Jason Grey; Fred Heinrich; Richard O'Brien; Janet Houston; Jeanne Erickson; Jason Preston; Paul Leischner; Scott Schuler; Michael Flynn; Joshua Morrison; Bruce Goldthwaite.

Bureau Staff: Director Pendergast; Vicki Blanchard; Richard Cloutier; Chip Cooper; Shawn Jackson.

Welcome:

The meeting was called to order at 9:00 a.m. There was a quorum present.

Introductions were made.

Approval of the January 16, 2014 Minutes - Motion was made; seconded and passed to accept the minutes.

Bureau/Division Updates – Chief Mercuri

BC Mercuri was not present. The February – March EMS Bulletin was distributed. Chair D'Aprix remarked on HB-613 that would grandfather EMT-I's did not pass the house and was sent back for study.

TEMSIS Update – Chip Cooper

Chip Cooper said the advisory board had a few ideas to bring before the group. He said they were discussing creating some custom elements that specifically ask questions or using the procedures now in place. The exam field can be used now and when switching over. The exam field is probably the better way to go and can be executed fairly quickly. Chip asked if the group has any specific feelings either way.

AEMT/Education Update – Shawn Jackson

Shawn updated everyone on the AEMT transition. He said Intermediates continue to perform well. 33% have taken the exam and 25% have actually transitioned. We are continuing to do more than 10% better than the national average. PearsonVue mobile testing labs are out and about. Exam prep classes are doing well and have received overwhelmingly positive reviews. Mike Kennard's mobile simulation is being well received.

Coordinating Board Update – Hubbell:

F. Hubbell was not present to give an update.

Trauma Medical Review Committee – Call:

Dr. Call had a brief update. He reported that the TMRC has moved to more abbreviated agendas and shorter meetings. Thus far the Spinal Immobilization Protocol seems to have been well received and there are no problems or negative feedback to report. Education and participation has been very helpful. The committee that Mary Reidy chairs has been continuing their study of hospitals and their deficiencies. They have been reaching out to hospitals and trying to engage as many as possible. Goals for the trauma center and updating of the plan are continuing.

Naloxone for EMT Use:

Chair D'Aprix spoke about how it is to be administered and by whom. Director Pendergast said she has been contacted by the Governor's office to have this in the hands of EMTs within the next few months. There was a discussion concerning how it will be administered and whether it will be available at the EMR or EMT level.

J. Suozzi made a motion to approve training for administering at the EMR level; motion passed unanimously.

Needle Decompression Follow-up:

J. Suozzi spoke about the location and needle size. He said the group could decide where to put the needle. He recommended a minimum of a three and a quarter inch needle.

Protocols

Jim Suozzi and Vicki Blanchard went over the protocols.

Nerve Agents/Organophosphate: No changes.

Stroke: Removed the time frame for reporting when onset of stroke symptoms occurred and replaced it with following your local stroke plan.

Septic Shock – Pediatric: New protocol.

Shock: Broke out into Non-Traumatic Shock and Traumatic Shock. There was some discussion on the lay out of the protocols; Blanchard will rework the Non-Traumatic Shock by moving the fluid treatment from the bottom to the top.

Burn: Added the poison control phone number for chemical burns. Added PEARLS added information on frost bite and electrical burns.

Drowning/Submersion: Updated guidelines of when not to start resuscitation. Added a hypothermia matrix to the protocol. Added PEARLS for consideration for Extra Corporeal Membrane Oxygenation (ECMO) or Cardiopulmonary Bypass (CPB).

Eye & Dental Injuries: No change.

All updates approved.

Critical Care Update

Sue Prentiss was not present. Vicki Blanchard had an update. She said the survey went out in December; not validated or tested. It asked what challenges they were facing. They did not have a good response rate. They have not heard from the biggest services who do most of the transferring yet. About 6% of the time there were high risk patients. Among the challenges faced was leaving the hospital short-handed; weather and time delays. There is a transfer stakeholders meeting coming up on May 8th to help further the discussion. Vicki said they hope to get hospitals to come to the workshop.

Bariatric Project Update:

Eric Jaeger and Bill Wood had a presentation and handouts. The Division has been working on this program with HSEM. There are over 500 calls annually involving patients who are severely obese. The Bariatric Task Force was created in July 2012 to bring focus to this problem. The Task Force then formed committees to look at the challenge. Eric then went on to point out the challenges confronting transferring these patients from their homes. Bill Wood had a display including pictures of the equipment involved. He said HSEM came up with \$160,000 (grant money) to purchase equipment. However, there is a very short window of opportunity. It has been broken down into 4 components: ramp system; bariatric stretcher; HoverMatt Air Transfer System; and Evacuation HoverJack Device. Purchasing this equipment would allow for approximately 10 caches around the state; on cache per county. In practice, there will be one of these set ups in each department. There will be no money in the grant to provide training or do exercises. The goal is to seek additional funding.

Narcotic Diversion Update:

Chair D'Aprix said the committee met twice to come up with a frame work for how to approach this. Jeff Stewart presented a model that he has done work on and involves multiple categories, such as: prevention; intervention; treatment; and support services – both for the individual and the agency. They want to be able to put out some prevention guidelines. They talked about providing updated narcotic agreements with a clearly defined reporting structure for when there is a discrepancy. This is all in the stages of early development.

Other Topics

Eric Jaeger updated everyone on the Pegasus Project. Eric said there was a 3 day meeting in Houston for which he and Sue Prentiss were the NH representatives. That meeting functioned much like the protocol meetings here. Their spinal trauma protocol looks much like the one NH has been developing. The pediatric guideline will be even more aggressive. If anyone is interested in looking at these pediatric protocols more closely, please feel free to get in touch with either Sue Prentiss or Eric Jaeger.

Chair D'Aprix announced he will be resigning as Chairman and from the Board as well as of the May meeting. He said he has enjoyed working with everyone and if there is any member who is interested in taking over as Chair they should have an election at the next meeting.

Adjournment: 11:35 a.m.

Next Meeting: May 15, 2014 – Fire Academy – Concord NH

Respectfully Submitted,

Tom D'Aprix, MD, Chairman

Prepared by:

Denice McAdoo, Executive Secretary